



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)	
Olivier de LACHARRIERE et al.)	Group Art Unit: 1654
Application No.: 09/902,266)	Examiner: M. Flood
Filed: July 11, 2001)	Confirmation No.: 8334
For: VITAMIN/METAL SALT COMPOSITIONS FOR REDUCING)	
HAIR LOSS AND/OR PROMOTING HAIR REGROWTH)	

SUBMISSION ACCOMPANYING REQUEST FOR CONTINUED EXAMINATION PURSUANT TO 37 C.F.R. §1.114

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In connection with Applicants' Request for Continued Examination, and in response to the Official Action mailed June 17, 2003, Applicants provide the following amendments and remarks.

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Patent Attorney's Docket No. <u>016800-454</u>

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		TINUED EXAMINATION TAL LETTER					
MAIL	STOP RCE						
P.O. B	issioner for Patents sox 1450 adria, VA 22313-1450	Customer No. 2 1 8 3 9					
Sir:							
[] \$3	Applicant(s) requests continued examinat 385.00 (2801) [X] \$770.00 (1801) fee due	ion under 37 C.F.R. § 1.114 and enclose the under 37 C.F.R. § 1.17(e).					
1. [X]		Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified in item 2 below.					
[]	examination is requested:	he following documents for which continued					
	[] Consider the amendment(s)/r	eply under 37 C.F.R. § 1.116 previously filed on _					
	[] Consider the arguments in the	e Appeal Brief or Reply Brief previously filed on _					
	[] Other:						
2.	The following documents are enclosed w [X] Amendment/Reply. [] Affidavit(s)/Declaration(s). [] Information Disclosure Statement ([X] Petition for Extension of Time. [] Other:	IDS).					
3.	 [] Small entity status is hereby claime [X] No additional claim fee is required. [X] The fee is calculated below on the for in this application prior to this second. 	basis of the highest number of claims already paid					

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CLAIMS								
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS THUS PAID FOR	EXTRA CLAIMS	RATE	FEE			
Basic Fee					\$770.00 (1001)			
Total Claims	37	MINUS 97 =	0	× \$18.00 (1202) =				
Independent Claims	19	MINUS 37 =	0	× \$86.00 (1201) =				
If multiple dependent	claims are p	resented, add \$290.0	00 (1203)					
Total Fee					770			
If small entity status is	s claimed, su	btract 50% of Total	Fee					
TOTAL FEE DUE					\$770			

4. [] A check in the amount of \$ is enclosed for t	the fee due.
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- 5. [X] Charge \$ 770 to Deposit Account No. 02-4800 for the fee due.
- 6. [] Applicant(s) requests suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: <u>December 15, 2003</u>

Martin A. Bruehs Registration No. 45,635

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